Pharmaceutical care: the blueprint for modern pharmacy

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In our series on the history of prescribing policy, Dr Darrin Baines traces how successive governments have attempted to curb drug costs. Here, he describes the proposals for greater pharmacist involvement in patient care.

KEY EVENTS

- 1986 Holloway and colleagues write on reprofessionalisation – NHS pharmacy faces major challenges due to changes in the importance of the act of dispensing
- 1986 Nuffield Report published – the report concludes that pharmacy has a distinctive and indispensable contribution to make, but is capable of still further development
- 1990 Hepler and Strand publish paper on pharmaceutical care – shifting focus away from dispensing towards patient welfare, this concept is the blueprint for modern pharmacy

Before the introduction of the National Insurance Scheme (NIS) in 1913, both family doctors and community pharmacists earned significant parts of their incomes from stocking and supplying medicines.[1] In 1911, Lloyd George decided to artificially split the role of prescribing from the activity of dispensing because of his fear that the introduction of national insurance for healthcare would encourage family doctors to overprescribe.[2]

By attempting to limit the ability of doctors to supply pharmaceuticals, the NIS concurrently denied pharmacists the right to choose drugs for NIS patients. Consequently, this professional group began to specialise solely in stocking and supplying requested products.

Reprofessionalisation

Working in his capacity as an academic sociologist, the historian of the Royal Pharmaceutical Society, Sidney Holloway, co-published a paper in 1986 that considered whether pharmacists in Britain faced a crisis in their occupational status and identity.[3] Many rank-and-file pharmacists feared for their survival as respected and appropriately reimbursed practitioners.[4]

From an academic perspective, many sociologists suggested pharmacy's lessening position was caused by weakening power relations with competing groups, particularly GPs.[5] Notably, the sociological perspective saw pharmacy as a 'profession' not a technical expertise *per se*, pharmacists as 'actors' of a professional role, and professional roles as 'boundaries and constraints'.

Simply finding innovate tasks for pharmacists to perform would, by itself, not be enough because simply doing new things wouldn't redefine the profession.

Nuffield Report

In 1984, the Nuffield Foundation Pharmacy Inquiry was established, with a retired Permanent Secretary of the Civil Service, Sir Kenneth Clucas, as chair.[6] In 1986, the Nuffield Report concluded that 'the pharmacy profession has a distinctive and indispensable contribution to make to healthcare that is capable of still further development'. The Nuffield Report was concerned with this 'further development' and the largest part of the report dealt with the issues in community pharmacy.

With the increasing use of computers, individual pharmacists were spending less time dispensing prescriptions. Consequently, the report suggested that pharmacists were spending less time performing their valuable role as 'long stops' by referring faulty scrips back to the prescriber. The Nuffield committee recommended that pharmacists and GPs should co-operate on a systematic basis to increase the effectiveness and reduce the costs of prescribing. This co-operation should include regular discussions on appropriate medication, drug interactions and adverse drug effects.

In the House, Lord Hunter of Newington called attention to the Nuffield Report.[7] He reported that, in the mid-1980s, there were about 10 000 pharmacies in England and Wales dispensing 350 million prescriptions ever year, with an NHS cost of more than £1.7 billion. He asked whether pharmacists should be remunerated, as in the past, in relation to the number of prescriptions that they dispense, or remunerated differently as highly qualified professional people giving a different type of service.

Reporting that the Nuffield Report recommended a reduction in dispensing fees and that a separate payment should be made for other professional activities, Lord Hunter stated a balance must be made between running a pharmacy as a commercial business and meeting the requirements of professional and NHS regulations.

Pharmaceutical care

In 1990 the American authors Hepler and Strand wrote the seminal article on pharmaceutical care.[8] They stated that it is not enough to dispense the correct drug or to provide sophisticated pharmaceutical services, or will it be sufficient to devise new technical functions. Instead, pharmacists must stop looking inward and start redirecting their energies to the greater social good by reducing drug-related morbidity and mortality. Therefore, the profession could adopt patient-centered pharmaceutical care as their philosophy of practice.

By changing their focus of practice from products and biological systems to promoting the best drug therapy and patient safety, standards could be raised. However, this would require higher levels of responsibility as well as philosophical, organisational and functional changes. Indeed, the authors concluded that pharmacy's reprofessionalisation would only be complete when all pharmacists accept their social mandate to ensure the safe and effective drug therapy of the individual patient.

In adopting the approach, in 1993 the American Society of Hospital Pharmacists stated: 'The principal elements of pharmaceutical care are that it is medication related; it is care that is directly provided to the patient; it is provided to produce definite outcomes; these outcomes are intended to improve the patient's quality of life; and the provider accepts personal responsibility for the outcomes.'[9]

As the definition suggests, pharmaceutical care was medicines related but did not automatically involve the dispensing of drugs. For the philosophy to bloom in practice, steps would need to be taken to remove the role of dispensing first instituted by Lloyd George in 1913 to stop GPs overprescribing medicines to patients.

Conclusion

As the concept of pharmaceutical care suggests, for the profession of pharmacy to evolve within the NHS significant changes were required. In particular, the involvement of pharmacists in dispensing would need to diminish and their focus on patients become more fixed. However, for a Conservative government facing a growing drugs bill, the short-term priority would be management of GP prescribing and not radical pharmacy reform.

References

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In the next installment in this series, Dr Baines will examine the introduction of the fundholding and indicative prescribing schemes.